



DEPARTMENT OF HEALTH
REPORT OF TREATMENT FOR LATENT TB INFECTION

State Form 49894 (R/7-01)

Information contained on this form is confidential under IC 16-41-8-1

INSTRUCTIONS: 1. Submit only for persons being treated for latent TB infection who are requesting drugs through ISDH.

2. Submit with prescriptions to county or city health department.

3. Do not use to report verified or suspected cases of TB disease.

1. Name: _____

2. Address: _____

City: _____

County: _____ Zip Code: _____

3. Phone: _____

Referring physician: _____

Clinic: _____

Submitted by: _____

Phone: _____

Date submitted: _____

4. Date of birth: _____ 5. Sex: ☐ Male ☐ Female 6. Country of origin: _____

7. Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

8. Ethnicity: ☐ Hispanic ☐ Not Hispanic ☐ Multi-racial If foreign-born, is this person a refugee: ☐ Yes ☐ No

9. Tuberculin skin test results: Date given _____ Date read _____ Induration size _____ mm

Note: Do not consider as a positive reaction if induration is <15mm **and** there are no identified risk factors.

10. Based on risk factors for TB exposure and for progression to active disease, this patient belongs to which of the following groups? (Check all that apply)

- ☐ Negative (<5mm) initial skin test, but is a person who is a high-risk, close contact of an active case for whom preventive therapy is recommended until latent TB infection is ruled out (i.e., HIV+, child <4, other high-risk medical conditions)
- ☐ **≥5mm of induration is positive for:** ☐ HIV-positive ☐ Recent contact to a TB case ☐ Chest x-ray consistent with old healed TB that was not treated ☐ Organ transplant recipient or other immunosuppressive therapy or disorder

- ☐ **≥10mm of induration is positive for:**

- ☐ Immigrants from high-prevalence countries
- ☐ Injection drug user
- ☐ Resident or employee of a high-risk congregate settings
- ☐ Persons with certain high-risk medical conditions
- ☐ Children < 4 years of age

- ☐ Children & adolescents exposed to high-risk adults
- ☐ Mycobacteriology laboratory personnel
- ☐ Recent (within last 2 years) conversion to PPD +
- ☐ Substance abuse, including alcohol
- ☐ Traveled to or lived in high-prevalence countries

- ☐ **≥15mm of induration is positive** for persons with **no known** risk factors. (Not a candidate for treatment if < 15mm)

11. HIV status: ☐ Positive ☐ Negative ☐ Tested, results pending ☐ Test offered but refused ☐ Test not offered

12. Name of active case this patient is a contact of, if applicable: _____

13. Chest x-ray date: _____ Results: ☐ Normal ☐ Abnormal, but with no evidence of active TB disease
☐ Abnormal, with stable fibrotic lesions consistent with old, healed TB that was not treated, and no evidence of active TB disease

14. Drug regimen (see other side): _____ for _____ months

ONLY REGIMENS RECOMMENDED BY THE CDC AND THE AMERICAN THORACIC SOCIETY WILL BE PROVIDED (SEE OTHER SIDE).

FOR LOCAL HEALTH DEPARTMENT USE ONLY

Date received _____
Received by _____
Phone _____

Send with ISDH Drug Request Form and prescription to:

Indiana State Department of Health
2 North Meridian Street, Section 6-A
Indianapolis, IN 46204
Phone: (317) 233-7420 Fax: (317) 233-7747

RECOMMENDED DRUG REGIMENS FOR TREATMENT OF LATENT TB INFECTION				
Drug	Interval and Duration	Adult Dosage (max)	Criteria for Completion	Comments
INH	Daily for 9 months	5 mg/kg (300 mg)	270 doses within 12 months	Preferred regimen for all persons regardless of age or HIV status. In HIV-infected patients, INH may be administered concurrently with NRTIs, protease inhibitors, or NNRTIs. DOT must be used for twice-weekly dosing.
	Twice-weekly for 9 months	15 mg/kg (900 mg)	76 doses within 12 months	
RIF Plus PZA	Daily for 2 months	RIF 10 mg/kg (600 mg) PZA 15-20 mg/kg (2.0 g)	60 doses within 3 months	Alternate regimen for adults. Offer if preferred regimen is not feasible. May also be offered to persons who are contacts to INH-resistant, RIF-susceptible TB. In HIV-infected patients, protease inhibitors or NNRTIs should not be administered concurrently with RIF; an alternative is rifabutin 300 mg daily.*
	Twice weekly for 2-3 months	RIF 10 mg/kg (600 mg) PZA 50 mg/kg (4.0 g)	16-26 doses within 3-4 months	
INH	Daily for 6 months	5 mg/kg (300 mg)	180 doses within 9 months	Offer if preferred or alternate regimens are not feasible. Not indicated for persons with HIV infection or fibrotic lesions on chest x-ray. Not indicated for children DOT must be used for twice-weekly dosing.
	Twice weekly for 6 months	15 mg/kg (900 mg)	52 doses within 9 months	
RIF	Daily for 4 months	10 mg/kg (600 mg)	120 doses within 6 months	For persons who are contacts to INH-resistant, RIF-susceptible TB, and cannot tolerate PZA For persons who cannot tolerate INH or PZA. Not recommended for twice-weekly dosing.

Pediatric dosages: INH daily: 10-20 mg/kg, 300mg max; INH twice weekly: 20-40 mg/kg, 900 mg max.

RIF (daily only): 10-20 mg/kg, 600 mg max.

Abbreviations: INH = isoniazid, RIF = rifampin, PZA = pyrazinamide, NRTIs = nucleoside reverse transcriptase inhibitors, NNRTIs = non-nucleoside reverse transcriptase inhibitors, DOT = directly observed therapy

MDR-TB exposure: For persons who are likely to be infected with INH and RIF (multi-drug) resistant-TB and at high risk of progressing to active disease, PZA and ethambutol or PZA and a quinolone for 6-12 months are recommended. (Consult an expert).

Pregnancy: INH regimens are preferred for pregnant women. For HIV + pregnant women, consult an expert.

* **Rifabutin** should not be used with hard-gel saquinavir or delavirdine. Dose adjustment of rifabutin may be required: to 150 mg every other day or twice weekly with ritonavir, to 150 mg daily or 300 mg twice-weekly with other protease inhibitors, or to 450-600 mg daily or 600 mg twice-weekly with efavirenz.

Pyridoxine (Vitamin B₆) may be given with INH to prevent peripheral neuropathy in susceptible adult patients. Adult dose is 50 mg/day. It should be used for exclusively breast-fed babies, children with poor diets, or adolescents and any children who report symptoms of peripheral neuropathy.

Liquid INH should be avoided due to cramping and diarrhea that can be caused by its osmotic load. Try crushing the tablet and mixing it with something sweet.